

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599991

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT				
	IND.		DEP.		IND.			IND.		DEP.		IND.				
	1	1	1	1	1	1		1	1	1	1	1	1	1	1	
1	1		1		1			51								
2		1		1				52								
3		2		2				53								
4		2		2				54								
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47								97								
48								98								
49								99								
50								100								
TOTAL IND.	1		1		1			TOTAL IND.								
TOTAL DEP.	19	←	11	←		↓		TOTAL DEP.	↓	↓	↓	↓	↓	↓	↓	
TOTAL CLAIMS	20	[REDACTED]	12	[REDACTED]				TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	